

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2175

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				6,248.	26

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 6,248.26

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date 7/31/58 *Payee _____
(Date not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for 6,248.26
(Signature or initials) EL

Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be given in full, as in the following examples: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020056-3

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WEEKLY DET DISTR

Sheet A
1/26/58

32 01 21 8 5035 43631 1 22 718

50 25 25 20 12501 5076 05 1

23274
23274 *
23274 **
23274 ***

Continued to Sheet 5

Sheet

WEEKLY DET DISTR

1/31/58

51 01 30 8

167 43465

2 21 233

50 25 25 20 ¹²⁵⁰¹ 12701 5076 11 1

500

500 *

500 **

500 ***

Continued to Sheet 5

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

2/25/58

FORM STL - 660

[illegible]

Continued to Sheet 5

563	
563	*
563	**
563	***

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

[illegible]

4/06/58

FORM STL - 660																							
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order		
05	04	02	8	M-39003	41625		04	03	171					50	25	40	00	12501	5077	04	1	25875 25875 * 25875 ** 25875 ***	
																							Sheet 1 2 5.00 3 5.63 4 249.38 Total 751.50